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\*\* CONTINUING DATA \*\*\*\*\*

NONE

SJ 1/4/07

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
05/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 7	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Signature]</i> 1/4/07				

ADDRESS  
27581

## TITLE

Capacitors for medical devices

FILING FEE RECEIVED 1536	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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